Company Tracking Number: 994RATES2011

TOI: MS04I Individual Medicare Supplement - Sub-TOI: MS04I.001 Plan A

Medicare Select

Product Name: 994rates2011

Project Name/Number: 994rates2011/994rates2011

# Filing at a Glance

Company: Medico Insurance Company

Product Name: 994rates2011 SERFF Tr Num: MDIC-127022510 State: Arkansas

TOI: MS04I Individual Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num: 47919

Medicare Select Closed

Sub-TOI: MS04I.001 Plan A Co Tr Num: 994RATES2011 State Status: Approved-Closed

Filing Type: Rate Reviewer(s): Stephanie Fowler

Author: Karl Hug Disposition Date: 03/01/2011

Date Submitted: 02/07/2011 Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

# **General Information**

Project Name: 994rates2011 Status of Filing in Domicile: Not Filed

Project Number: 994rates2011 Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: We did not market

the Medicare Select Plans in our domicile state

Corresponding Filing Tracking Number:

of Nebraska.

Explanation for Combination/Other: Market Type: Individual Submission Type: New Submission Individual Market Type:

Overall Rate Impact: 6% Filing Status Changed: 03/01/2011
State Status Changed: 03/01/2011

One steed Down Keed Lloop

Deemer Date: Created By: Karl Hug

Submitted By: Karl Hug Filing Description:

MEDICO INSURANCE COMPANY

NAIC #31119

RE: Annual Filing of Medicare Experience & Rates

Rate Schedules for Medicare Select Policy Forms MP-MS994A, MP-MS994B, MP-MS994C,

MP-MS994D and MP-MS994F

Company Tracking Number: 994RATES2011

TOI: MS04I Individual Medicare Supplement - Sub-TOI: MS04I.001 Plan A

Medicare Select

Product Name: 994rates2011

Project Name/Number: 994rates2011/994rates2011

This filing includes the experience of the company and the supporting actuarial memorandum. Current and proposed rate schedules are attached.

Our submission includes a request for a 6% rate increase.

Thank you for your review and approval of this filing. If you have any questions, please feel free to contact me.

# **Company and Contact**

### **Filing Contact Information**

Karl Hug, Compliance Analyst khug@gomedico.com

1515 S. 75th Street 800-695-5976 [Phone] 251 [Ext]

Omaha, NE 68124 402-391-4858 [FAX]

**Filing Company Information** 

Medico Insurance Company CoCode: 31119 State of Domicile: Nebraska
1515 S. 75th Street Group Code: Company Type: Life and Health

Omaha, NE 68124 Group Name: Medico State ID Number:

(800) 695-5976 ext. [Phone] FEIN Number: 47-0122200

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# **Filing Fees**

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: one rate filing fee of closed block business = \$50.00

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Medico Insurance Company \$50.00 02/07/2011 44460069

Company Tracking Number: 994RATES2011

TOI: MS04I Individual Medicare Supplement - Sub-TOI: MS04I.001 Plan A

Medicare Select

Product Name: 994rates2011

Project Name/Number: 994rates2011/994rates2011

# **Correspondence Summary**

### **Dispositions**

Status	Created By	Created On	Date Subn	nitted
Approved- Closed	Stephanie Fowler	03/01/2011	03/01/2011	
Disapproved <b>Amendme</b>	Stephanie Fowler nts	02/21/2011	02/21/2011	
Schedule	Schedule Item Name	Created By C	Created On	Date Submitted
Rate	Rate Sheets	Karl Hug 0	03/01/2011	03/01/2011

Company Tracking Number: 994RATES2011

TOI: MS04I Individual Medicare Supplement - Medicare Select Sub-TOI: MS04I.001 Plan A

Product Name: 994rates2011

Project Name/Number: 994rates2011/994rates2011

# **Disposition**

Disposition Date: 03/01/2011

Implementation Date: Status: Approved-Closed

Comment: We have approved this rate filing; no increase was approved.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
			Program:				
Medico Insurance Company	0.000%	0.000%	\$	4	\$	0.000%	0.000%
	Percent Change	Approved:					
	Minimum:	%	Maximum:	%	Weighted Average	ge:	%

Company Tracking Number: 994RATES2011

TOI: MS041 Individual Medicare Supplement - Sub-TOI: MS041.001 Plan A

Medicare Select

Product Name: 994rates2011

Project Name/Number: 994rates2011/994rates2011

Schedule Item Schedule Item Status Public Access

Supporting Document Health - Actuarial Justification Accepted for No

Informational Purposes

Rate (revised) Rate Sheets Approved Yes

Rate Sheets Disapproved No

Company Tracking Number: 994RATES2011

TOI: MS04I Individual Medicare Supplement - Medicare Select Sub-TOI: MS04I.001 Plan A

Product Name: 994rates2011

Project Name/Number: 994rates2011/994rates2011

# **Disposition**

Disposition Date: 02/21/2011

Implementation Date:
Status: Disapproved

Comment: It is the primary mission of the Arkansas Insurance Department to protect consumers. Arkansas is a relatively poor state and most of the seniors who would be affected by your proposed rate increase live on a fixed income. Therefore, given the lack of credibility on this block of business, we cannot approve this rate increase at this time.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Medico Insurance Company	6.000%	6.000%	Program: \$855	4	\$14,255	6.000%	6.000%
	Percent Change	e Approved:					
	Minimum:	%	Maximum:	%	Weighted Avera	ge:	%

Company Tracking Number: 994RATES2011

TOI: MS041 Individual Medicare Supplement - Sub-TOI: MS041.001 Plan A

Medicare Select

Product Name: 994rates2011

Project Name/Number: 994rates2011/994rates2011

Schedule Item Schedule Item Status Public Access

Supporting Document Health - Actuarial Justification Accepted for No

Informational Purposes

Rate (revised) Rate Sheets Approved Yes

Rate Sheets Disapproved No

Company Tracking Number: 994RATES2011

TOI: MS041 Individual Medicare Supplement - Sub-TOI: MS041.001 Plan A

Medicare Select

Product Name: 994rates2011

Project Name/Number: 994rates2011/994rates2011

**Amendment Letter** 

Submitted Date: 03/01/2011

**Comments:** 

Good afternoon. We agree to accept a 0% rate increase on this filing. Please accept this filing as our annual filing of Medicare Supplement experience and rates. Revised rate pages are attached. Thank you.

**Changed Items:** 

Rate/Rule Schedule Item Changes:

Document	Affected Form	Rate	Rate Action Information:	Attach
Name:	Numbers: (Comma	Action:		Document:
	Separated list)			
Rate Sheets	MP-MS994A, MP-	Other	Previous State Filing Number:	AR Std 994 MIC 2011
	MS994B, MP-		44783	Rates as filedw0%.pdf
	MS994C, MP-			
	MS994D, MP-MS994F	=		
			Rate Action Other Explanation:	AR Std 994 MIC 2011
			neutral	Rates as filedw0%.pdf

Company Tracking Number: 994RATES2011

TOI: MS041 Individual Medicare Supplement - Sub-TOI: MS041.001 Plan A

Medicare Select

Product Name: 994rates2011

Project Name/Number: 994rates2011/994rates2011

### Post Submission Update Request Processed On 03/01/2011

Status: Allowed Created By: Karl Hug

Processed By: Stephanie Fowler

Comments:

**General Information:** 

Field NameRequested ChangePrior ValueImplementation Date Requested04/01/2011

**Rate Information:** 

Field NameRequested ChangePrior ValueRate Change TypeNeutralIncrease

### **Company Rate Information:**

### **Company Name: Medico Insurance Company**

Field Name	Requested Change	Prior Value
Overall % Indicated Change	0.000%	6.000%
Overall % Rate Impact	0.000%	6.000%
Written Premium Change for this		\$855
Program		
Written Premium for this Program		\$14255
Maximum %Change (where required)	0.000%	6.000%
Minimum %Change (where required)	0.000%	6.000%

Company Tracking Number: 994RATES2011

TOI: MS041 Individual Medicare Supplement - Medicare Select Sub-TOI: MS041.001 Plan A

Product Name: 994rates2011

Project Name/Number: 994rates2011/994rates2011

### **Rate Information**

Rate data applies to filing.

Filing Method: Serff

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: 0.000%

Effective Date of Last Rate Revision: 04/01/2010

Filing Method of Last Filing: Serff

# **Company Rate Information**

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Medico Insurance Company	N/A	0.000%	0.000%		4		0.000%	0.000%

Company Tracking Number: 994RATES2011

TOI: MS041 Individual Medicare Supplement - Sub-TOI: MS041.001 Plan A

Medicare Select

Product Name: 994rates2011

Project Name/Number: 994rates2011/994rates2011

# Rate/Rule Schedule

Schedule Document Name: Affected Form Rate **Rate Action Information: Attachments** Item Numbers: Action:\* Status: (Separated with commas) Previous State Filing 44783 AR Std 994 MIC Approved Rate Sheets MP-MS994A, Other 2011 Rates as Number: 03/01/2011 MP-MS994B, Rate Action Other filedw0%.pdf neutral MP-MS994C, Explanation: MP-MS994D, MP-MS994F

### **Current Rates**

Medico® Insurance Company Omaha, Nebraska MP-MS994A

Gross Premium Code: 994AH - Rate Group: 994A MEDICARE SELECT - STANDARDIZED PLAN A

RATE SCHEDULE - Arkansas For Forms Issued From 12/15/1998 Through 12/08/2000

	Plan A
Issue Age	Premium
65 & OV	2,962.00

### AREA FACTORS

A 0.85 B 0.92 C 1.00 D 1.08 E 1.17 F 1.26 G 1.36 H 1.70

### OTHER PREMIUM MODES

Semi-Annual = 6/11 x Annual Quarterly = 3/11 x Annual P.A.C. Monthly = 1/12 x Annual

Rates certify to a 67.5% anticipated loss ratio.

MPRS994A(AR) 1/09

### **Proposed Rates**

Medico® Insurance Company Omaha, Nebraska MP-MS994A

Gross Premium Code: 994AH - Rate Group: 994A MEDICARE SELECT - STANDARDIZED PLAN A

RATE SCHEDULE - Arkansas For Forms Issued From 12/15/1998 Through 12/08/2000

	Plan A
Issue Age	Premium
65 & OV	2,962.00

### AREA FACTORS

Α 0.85 В 0.92 C 1.00 D 1.08 Е 1.17 F 1.26 G 1.36 1.70 Η

### OTHER PREMIUM MODES

Semi-Annual = 6/11 x Annual Quarterly = 3/11 x Annual P.A.C. Monthly = 1/12 x Annual

Rates certify to a 67.5% anticipated loss ratio.

MPRS994A(AR) 1/09

### **Current Rates**

Medico® Insurance Company Omaha, Nebraska MP-MS994B

Gross Premium Code: 994BH - Rate Group: 994B MEDICARE SELECT - STANDARDIZED PLAN B

RATE SCHEDULE - Arkansas For Forms Issued From 12/15/1998 Through 12/08/2000

	Plan B
Issue Age	Premium
65 & OV	3,233.00

### AREA FACTORS

A 0.85 B 0.92 C 1.00 D 1.08 E 1.17 F 1.26 G 1.36 H 1.70

### OTHER PREMIUM MODES

Semi-Annual = 6/11 x Annual Quarterly = 3/11 x Annual P.A.C. Monthly = 1/12 x Annual

Rates certify to a 67.5% anticipated loss ratio.

MPRS994B(AR) 1/09

# **Proposed Rates**

Medico® Insurance Company Omaha, Nebraska MP-MS994B

Gross Premium Code: 994BH - Rate Group: 994B MEDICARE SELECT - STANDARDIZED PLAN B

RATE SCHEDULE - Arkansas For Forms Issued From 12/15/1998 Through 12/08/2000

Issue Age	Plan B Premium
65 & OV	3,233.00

# AREA FACTORS A 0.85 B 0.92 C 1.00 D 1.08 E 1.17

E 1.17 F 1.26 G 1.36 H 1.70

### OTHER PREMIUM MODES

Semi-Annual = 6/11 x Annual Quarterly = 3/11 x Annual P.A.C. Monthly = 1/12 x Annual

Rates certify to a 67.5% anticipated loss ratio.

MPRS994B(AR) 1/09

### **Current Rates**

Medico® Insurance Company Omaha, Nebraska MP-MS994C

Gross Premium Code: 994CH - Rate Group: 994C MEDICARE SELECT - STANDARDIZED PLAN C

RATE SCHEDULE - Arkansas For Forms Issued From 12/15/1998 Through 12/08/2000

	Plan C
Issue Age	Premium
65 & OV	3,920.00

### AREA FACTORS

A 0.85 B 0.92 C 1.00 D 1.08 E 1.17 F 1.26 G 1.36 H 1.70

### OTHER PREMIUM MODES

Semi-Annual = 6/11 x Annual Quarterly = 3/11 x Annual P.A.C. Monthly = 1/12 x Annual

Rates certify to a 67.5% anticipated loss ratio.

MPRS994C(AR) 1/09

# **Proposed Rates**

Medico® Insurance Company Omaha, Nebraska MP-MS994C

Gross Premium Code: 994CH - Rate Group: 994C MEDICARE SELECT - STANDARDIZED PLAN C

RATE SCHEDULE - Arkansas For Forms Issued From 12/15/1998 Through 12/08/2000

Issue Age	Plan C Premium
65 & OV	3,920.00

### AREA FACTORS

Α 0.85 В 0.92 C 1.00 D 1.08 Е 1.17 F 1.26 G 1.36 1.70 Η

### OTHER PREMIUM MODES

Semi-Annual =  $6/11 \times Annual$ Quarterly =  $3/11 \times Annual$ P.A.C. Monthly =  $1/12 \times Annual$ 

Rates certify to a 67.5% anticipated loss ratio.

MPRS994C(AR) 1/09

### **Current Rates**

Medico® Insurance Company Omaha, Nebraska MP-MS994D

Gross Premium Code: 994DH - Rate Group: 994D MEDICARE SELECT - STANDARDIZED PLAN D

RATE SCHEDULE - Arkansas For Forms Issued From 12/15/1998 Through 12/08/2000

	Plan D
Issue Age	Premium
65 & OV	3,657.00

### AREA FACTORS

A 0.85 B 0.92 C 1.00 D 1.08 E 1.17 F 1.26 G 1.36 H 1.70

### OTHER PREMIUM MODES

Semi-Annual = 6/11 x Annual Quarterly = 3/11 x Annual P.A.C. Monthly = 1/12 x Annual

Rates certify to a 67.5% anticipated loss ratio.

MPRS994D(AR) 1/09

# **Proposed Rates**

Medico® Insurance Company
Omaha, Nebraska
MP-MS994D
Premium Code: 994DH - Rate Group

Gross Premium Code: 994DH - Rate Group: 994D MEDICARE SELECT - STANDARDIZED PLAN D

RATE SCHEDULE - Arkansas For Forms Issued From 12/15/1998 Through 12/08/2000

Issue Age	Plan D Premium
65 & OV	3,657.00

# AREA FACTORS A 0.85 B 0.92

C 1.00 D 1.08 E 1.17 F 1.26 G 1.36 H 1.70

### OTHER PREMIUM MODES

Semi-Annual =  $6/11 \times Annual$ Quarterly =  $3/11 \times Annual$ P.A.C. Monthly =  $1/12 \times Annual$ 

Rates certify to a 67.5% anticipated loss ratio.

MPRS994D(AR) 1/09

### **Current Rates**

Medico® Insurance Company Omaha, Nebraska MP-MS994F

Gross Premium Code: 994FH - Rate Group: 994F MEDICARE SELECT - STANDARDIZED PLAN F

RATE SCHEDULE - Arkansas For Forms Issued From 12/15/1998 Through 12/08/2000

> Plan F Issue Age Premium

65 & OV 4,086.00

### AREA FACTORS

Α 0.85 В 0.92 C 1.00 D 1.08 Е 1.17 F 1.26 G 1.36 Η 1.70

### OTHER PREMIUM MODES

Semi-Annual = 6/11 x Annual Quarterly = 3/11 x Annual P.A.C. Monthly = 1/12 x Annual

Rates certify to a 67.5% anticipated loss ratio.

MPRS994F(AR) 1/09

# **Proposed Rates**

Medico® Insurance Company Omaha, Nebraska MP-MS994F

Gross Premium Code: 994FH - Rate Group: 994F MEDICARE SELECT - STANDARDIZED PLAN F

RATE SCHEDULE - Arkansas For Forms Issued From 12/15/1998 Through 12/08/2000

Plan F
Issue Age Premium

65 & OV 4,086.00

### AREA FACTORS

Α 0.85 В 0.92 C 1.00 D 1.08 Е 1.17 F 1.26 G 1.36 Η 1.70

### OTHER PREMIUM MODES

Semi-Annual = 6/11 x Annual Quarterly = 3/11 x Annual P.A.C. Monthly = 1/12 x Annual

Rates certify to a 67.5% anticipated loss ratio.

MPRS994F(AR) 1/09